

465

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 446
Registrar's No. 700

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 529 N 7th Ave Rear
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 55 yrs; In Arizona 55 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz (b) County Pima (c) City or Town Tucson
(If outside city limits also write RURAL)
(d) Street No. 529 N 7th Ave (Rear) (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Mariana Buen Garcia (b) If Veteran name war no (c) Social Security No. none

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife Mr. Garcia 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Jan 1864
(Month) (Day) (Year)
8. AGE: Years 81 Months _____ Days _____ If less than one day
hrs. _____ min. _____

9. Birthplace Hermosillo Mexico
(City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business _____

12. Name Ramon Buen
13. Birthplace Hermosillo Mexico
(City, town or county) (State or Country)

14. Maiden Name Ramona Ramirez
15. Birthplace Yuma Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature S. L. Howard
(b) Address 529 N 7th Ave Rear Tucson Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Holy Hope (c) Date July 23 1945

18. (a) Embalmer's Signature Richard A. Rilly
(b) Funeral Director Rilly Undertaking Co
(c) Address Tucson Ariz

19. (a) 7-21-45
(Date received Local Registrar)
(b) L. N. Howard, M.D.
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) 7-20-45 1945
TIME (Hour and minute) 4:23 P M.

21. I hereby certify that I attended the deceased from 3-1-45 to 7-20-45
7-20-45, 1945 to 7-20-45 1945
that I last saw her alive on 7-19-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

Other conditions (include pregnancy within three months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature L. N. Howard M. D.
Address 2160 ally notched Bldg
Date signed 7-21-45

DURATION
6 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically